

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034937

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 1

Primary Registration District No. 3000 Registrar's No. 319

FILED OCT 14 1963

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		c. CITY OR TOWN Kirksville	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1003 E. Illinois		d. STREET ADDRESS (If outside, give location) 1003 E. Illinois	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First William Middle C. Last Frank			4. DATE OF DEATH Month Sept. Day 28 Year 1963		
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/28/14	9. AGE (last birthday) 49	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer		10b. KIND OF BUSINESS OR INDUSTRY Legal		11. BIRTHPLACE (City and state or country) Kirksville, Mo.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME William F. Frank		13b. MOTHER'S MAIDEN NAME Bessie Coons	
14. NAME OF HUSBAND OR WIFE Phyllis Frank		15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Phyllis Frank-Kirksville, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction Coronary Embolism Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) Coronary Embolism DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 5 Min.	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour 7:05 Am Month, Day, Year 9/28/63 a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	

21. I attended the deceased from 9/28/63 7:05 Am to 9/28/63 7:10 Am and last saw her alive on Dead on arrival Death occurred at 9/28/63 7:03 Am m on the date stated above, and to the best of my knowledge, from the causes stated.			22a. SIGNATURE M. D.		
22b. ADDRESS Kirksville, Mo.			22c. DATE SIGNED 9/30/63		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/30/63	23c. NAME OF CEMETERY OR CREMATORY Maple Hills Cemetery	23d. LOCATION (City, town, or county) Kirksville, Mo.		
24. FUNERAL DIRECTOR Davis & Davis-Kirksville			25. DATE RECD. BY LOCAL REG. Oct. 5, 1963		
26. REGISTRAR'S SIGNATURE Dois W. Ratliff					

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED	INSTEAD OF	DOCUMENT
1 0017		
2 0017		
3		
4 c		
5 1		
6		
7 0		
8 2		
9 4201		
10		
11		
12 90-0		
13 10		

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

No permit record

P.E. HILTON, M.D.

OCT 29 1963

MAR 31 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address

Kirksville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.